

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 3996

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:  7
3 CANDIDATE / OFFICEHOLDER NAME	TITLE	FIRST	MI
	Mr.	Dewayne	D.
	NICKNAME	LAST	SUFFIX
		Naumann	
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
	PO Box 143092		Austin TX 78714-3092
5 CAMPAIGN TREASURER NAME	TITLE	FIRST	MI
	Mr.	James	C.
	NICKNAME	LAST	SUFFIX
		Logan	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #; CITY; STATE; ZIP CODE
	1200 San Antonio St		Austin TX 78701
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 512 )	474-2900 / 476-8049	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month	Day	Year
	01	30	98
THROUGH		Month	Day
		2	28
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)
	n/a		Judge, County Commissioner's Court, Travis Co.
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **		
	Name n/a		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		

FILED  
 MAR 9 3 35 PM '98  
 CLERK  
 TRAVIS COUNTY, TEXAS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Mr. Dewayne D. Naumann

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING POLITICAL COMMITTEE(S)

*\*\* This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. \*\**

COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC  <input type="checkbox"/> additional pages	COMMITTEE NAME	<u>n/a</u>
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 NO REPORTABLE ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>850.00</u>
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	<u>8.66</u>
4. TOTAL POLITICAL EXPENDITURES	\$	<u>2196.28</u>
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>200.00</u>

EXPENDITURE TOTALS

OUTSTANDING LOAN TOTALS

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said DEWAYNE D. NAUMANN this the 9th day of MARCH

19 98 to certify which, witness my hand and seal of office.


 Notary Public, State of Texas  
 My Commission Expires 05-15-1998

[Signature]  
Title of officer administering oath

Signature of officer administering oath

Print name of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A: 1

2 FILER NAME

Mr. Dewayne D. Naumann

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/3/98

5 Full name of contributor

James Logan

out of state PAC

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

1200 San Antonio St  
Austin Tx 78701

9 Principal occupation

10 Employer (optional)

Date

2/3/98

Full name of contributor

Louis & Nila Williams

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3203 Riva Ridge Rd  
Austin Tx 78746

Principal occupation

Employer (optional)

Date

1/30/98

Full name of contributor

Robert & Sheri Kleeman

out of state PAC

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

9607 Dawning Ct  
Austin Tx 78736

Principal occupation

Employer (optional)

Date

1/27/98

Full name of contributor

James Von Wolske

out of state PAC

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

2107 Lake Shore Dr  
Austin Tx 78703

Principal occupation

Employer (optional)

Date

Full name of contributor

out of state PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation

Employer (optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <u>1</u>
2 FILER NAME <u>Mr. Dewayne D. Naumann</u>		3 ACCOUNT # (Ethics Commission filers)
4 TOTAL OF UNITEMIZED LOANS:      ⇨ ⇨ ⇨ ⇨ ⇨ ⇨		\$
5 Date of loan <u>2/3/98</u>	7 Name of lender <input type="checkbox"/> out of state PAC <u>James Logan</u>	9 Loan Amount (\$) <u>200.00</u>
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address;      City;      State;      Zip Code <u>1200 San Antonio St</u> <u>Austin Tx 78701</u>	10 Interest rate <u>10%</u>
		11 Maturity date <u>2/5/99</u>
12 Description of Collateral <input type="checkbox"/> none		
13 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	14 Name of guarantor  ..... 15 Guarantor address;      City;      State;      Zip Code	16 Amount Guaranteed (\$)  
17 Principal Occupation		18 Employer
Date of loan	Name of lender <input type="checkbox"/> out of state PAC	Loan Amount (\$)
Is lender a financial institution? Y      N	Lender address;      City;      State;      Zip Code	Interest rate
		Maturity date
Description of Collateral <input type="checkbox"/> none		
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;      City;      State;      Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**  
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 2

2 FILERNAME

Mr. Dewayne D. Naumann

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/2/98

5 Payee name

Banner Sign Graphics

6 Payee address; City; State; Zip Code

650 Canyon St  
Austin, TX 787527 Amount  
(\$)

1,757.98

8 Purpose of expenditure

signs

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/4/98

Payee name

RJL Graphics

Payee address; City; State; Zip Code

911 West Anderson Ln Suite 110  
Austin TX 78757Amount  
(\$)

101.76

Purpose of expenditure

2x3.5 cards

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/5/98

Payee name

Mercury Graphics

Payee address; City; State; Zip Code

3821 Cologne Lane  
Austin TX 78727Amount  
(\$)

109.60

Purpose of expenditure

Graphics

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

Date

2/3/98

Payee name

Builder's Square

Payee address; City; State; Zip Code

5501 Airport Blvd  
Austin TX 78751Amount  
(\$)

127.82

Purpose of expenditure

Stakes

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2 of 2**

2 FILER NAME **Mr. Dewayne D. Neumann**

3 ACCOUNT # (Ethics Commission filers)

4 Date  
**2/12/98**

5 Payee name  
**Builder's Square**  
6 Payee address; City; State; Zip Code  
**5501 Airport Blvd  
Austin TX 78751**

7 Amount (\$)  
**42.61**

8 Purpose of expenditure  
**Stakes**

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

Date  
**2/4/98**

Payee name  
**RJL Graphics**  
Payee address; City; State; Zip Code  
**911 West Anderson Ln Suite 110  
Austin TX 78757**

Amount (\$)  
**29.23**

Purpose of expenditure  
**film**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

Date  
**2/10/98**

Payee name  
**Hartland Bank**  
Payee address; City; State; Zip Code  
**P O Box 10994  
Austin TX 78766**

Amount (\$)  
**18.62**

Purpose of expenditure  
**checks**

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

Date

Payee name  
Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <u>1</u>
2 FILER NAME <u>Mr. Dewayne D. Neumann</u>		3 ACCOUNT # (Ethics Commission filers)
4 Date <u>2/11/98</u>	5 Payee name <u>Back-in-a-Flash</u> 6 Payee address; City; State; Zip Code <u>POB 684732</u> <u>Austin TX 78768</u>	8 Amount (\$) <u>8.66</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name ..... Payee address; City; State; Zip Code  Purpose of expenditure	Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED